



THE CITY OF SAN DIEGO

City of San Diego  
**Development Services**  
 Inspection Services Division  
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# Experience Resume for Registration as a Certified Special Inspector

**Instructions: Type or print requested information; type "none" in blanks that do not apply.**

Name (First) (Initial) (Last)			Present age	Date received
Home address (Street) (City) (Zip Code)			Home phone	

## EDUCATION & SPECIAL CONSTRUCTION TRAINING (Include only training or study in organized class programs)

Number of years completed	Name or location of last school attended	Final year	Graduate	Degree	Major or specialty
Highest grade of grammar school thru High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College level or professional school training			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade school or specialized on-the-job training			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
List any professional licenses or certificates that you now possess					

## CONSTRUCTION EXPERIENCE: (List chronologically your work experience during the past 10 years that is directly related to Building Construction, Building Code Enforcement, Construction Inspection, etc.)

**NOTE: Do not list present employer, but provide this information in section (employment status) below.**

Employment (Month, Year)	Name of employer (include Dept. or Div'n) Address of employer	Job title or trade class	Describe your job duties, type of work performed, number of people supervised
From To			
From To			
From To			

Note: If additional space is required for more detailed experience resume, attach separate 8.5" x 11" pages.

## EMPLOYMENT STATUS (Do not identify potential employer if employment is contingent upon registration)

I am now employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of employer	Telephone No.	Describe your jobs, duties & responsibilities
On a full time job <input type="checkbox"/> Yes <input type="checkbox"/> No	Address		
At present job (years)	Employer's type of business, principal product or service		
If you become a licensed special inspector in the classification noted: 1. Will you be available to perform continuous inspection on any assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. How will you be available for assignment or employed as a special inspector? <input type="checkbox"/> Employee of a materials testing lab <input type="checkbox"/> An independent without affiliation <input type="checkbox"/> Employee of an inspection agency <input type="checkbox"/> Architect's employee (clerk of works) <input type="checkbox"/> Other (describe)			Physical condition 1. Good general health <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Good vision (corrected) <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you able to climb and work at heights? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Any physical disability (If #4 "yes" describe) <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify, under penalty of perjury, under the laws of the state of California that the information given herein is true and correct to the best of my knowledge. I authorize the City of San Diego to verify any statements on this form.

I acknowledge that I will not become an employee of the City of San Diego as a result of approval as a certified special inspector.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This information is available in alternative formats for persons with disabilities.  
 To request this information in alternative format, call (619) 446-5446 or (800) 735-2929 (TT)

DS-320A (10-01)